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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

HARRY L. HAWKINS, M.D.

Holder of License No. 27932
For the Practice of Allopathic Medicine
In the State of Arizona

Case No. MD-07-1059A

CONSENT AGREEMENT FOR LETTER OF REPRIMAND

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Harry L. Hawkins, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

- Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement").
 Respondent acknowledges that he has the right to consult with legal counsel regarding this matter.
- 2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.
- This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.
- 4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.
- 5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver,

express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding. The acceptance of this Consent Agreement does not preclude any other agency, subdivision or officer of this State from instituting other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

- 6. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.
- 7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the acceptance of the Consent Agreement. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.
- 8. If the Board does not adopt this Consent Agreement, Respondent will not assert as a defense that the Board's consideration of this Consent Agreement constitutes bias, prejudice, prejudgment or other similar defense.
- This Consent Agreement, once approved and signed, is a public record that will be publicly disseminated as a formal action of the Board and will be reported to the National Practitioner Data Bank and to the Arizona Medical Board's website.
- 10. If any part of the Consent Agreement is later declared void or otherwise unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force and effect.

11. Any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]lolating a formal order, probation, consent agreement or stipulation lesued or entered into by the board or its executive director under this chapter") and 32-1451.

HARRY ! HAWKINS M.D.

DATED: _

24 May 2008

FINDINGS OF FACT

- 1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.
- 2. Respondent is the holder of license number 27932 for the practice of allopathic medicine in the State of Arizona.
- 3. The Board initiated case number MD-07-1059A after receiving notification that the Colorado Board of Medical Examiners (CBME) issued a disciplinary letter of admonition (order) to Respondent on October 18, 2007.
- 4. In April 2005, Respondent practiced under a Locum Tenens license as a hospitalist in Colorado. The hospital where he worked raised concern regarding the medications he ordered for four patients and; as a result, terminated his temporary privileges and withdrew his application for permanent privileges. The CBME opened an investigation and found that Respondent made numerous dosing errors and failed to follow dosing guidelines. The CBME issued Respondent an order with the understanding that any future complaints regarding such practice may lead to formal disciplinary proceedings against Respondent's license. The CBME Order is incorporated as referenced.

CONCLUSIONS OF LAW

- The Board possesses jurisdiction over the subject matter hereof and over Respondent.
- 2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. §32-1401(27)(o) ("[a]ction that is taken against a doctor of medicine by another licensing or regulatory jurisdiction due to that doctor's mental or physical inability to engage safely in the practice of medicine, the doctor's medial incompetence or for unprofessional conduct as defined by that jurisdiction and that corresponds directly or indirectly to an act of unprofessional conduct prescribed by this

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paragraph. The action taken may include refusing, denying, revoking or suspending a license by that jurisdiction or a surrendering of a license to that jurisdiction, otherwise limiting, restricting or monitoring a licensee by that jurisdiction or placing a licensee on probation by that jurisdiction."). The corresponding act of unprofessional conduct is in A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

ORDER

IT IS HEREBY ORDERED THAT:

- Respondent is issued a Letter of Reprimand for action taken by another state for quality of care issues.
 - 2. This Order is the final disposition of case number MD-07-1059A.

 DATED AND EFFECTIVE this day of the case of th

(SEAL)

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ARIZONA MEDICAL BOARD

Lisa S. Wynn

Executive Director

ORIGINAL of the first way filed this \$2008 with:

Arizona Medical Board

9545 E. Doubletree Ranch Road

Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed this day of ________, 2008 to:

Jerry L. Haggard, P.C.

1248 E. Victor Hugo Avenue Phoenix, AZ 85022-4950

EXECUTED COPY of the foregoing mailed this May of Mullow, 2008 to:

Harry L. Hawkins, M.D. Address of Record

Investigational Review

STATE OF COLORADO

STATE BOARD OF MEDICAL EXAMINERS Cheryl Hara, Program Director Department of Regulatory Agencies
D. Rica Munn
Executive Director

156 O Broadway, Suite 1300 Deraver, Colorado 80202-5146 Phome (303) 894-7690 Fax (303) 894-7692 TTY: Dist 711 for Relay Colorado www.dora.siste.co.us/medical

Division of Registrations Resembly McCool. Director



October 18, 2007 Case No. 2005-004777-B

VIA CERTIFIED MAIL Harry L. Hawkins, M.D.

Dear Dr. Hawkins:

Inquiry Panel B ("Panel") of the Colorado Board of Medical Examiners ("Board") has concluded its inquiry regarding your role in the care and treatment of L.S., B.P., G.M. and K.S. during April 2005 or soon thereafter. It was the Panel's decision not to commence with formal proceedings against your license to practice medicine. However, the Panel did vote to administer disciplinary action to you in the form of this letter of admonition.

As you may recall, while acting as a locum tenums physician in Greeley, Colorado, you provided care to patient B.P., a 77-year-old individual with an obstructed biliary stent, and cholangitis. B.P. had a history of pancreatic cancer and was receiving palliative chemotherapy. The patient had furosemide induced hypokalemia with a normal electrocardiogram. You attempted to rapidly correct the hypokalemia by ordering 100 meq of potassium chloride and 200 ml of D5NS infused over four hours. You then changed the order to 10 meq/hour within 45 minutes.

You also treated patient G.M., a 38-year-old diabetic patient who presented with pancreatitis. After ordering a lipid profile showing this patient's triglycerides to be 2373, you instituted treatment with insulin, heparin infusion, Gemfibrozil, and Atorvastatin, 40 mg three times a day. The Atorvastatin dose was decreased after the pharmacy indicated that the dose you prescribed exceeded the pharmaceutical guidelines.

You also treated 78-year-old patient K.S., who had a history of mitral valve disease and atrial fibrillation and underwent repairs of hernias. His post-operative course was complicated by "coffee grounds" emesis, followed by hypotension. He was believed to have hypovolemic shock and was resuscitated with parenteral fluids, transfusion of packed red blood cells, and vasopressors. You were consulted and performed an esophagastroduodenoscopy, which demonstrated erosive esophagitis. You wrote orders for an 80 mg bolus of Pantoprazole, followed by a 60 mg/hour infusion. Since the pharmacy had a limited supply, you modified the rate to 30 mg/hour. Later, the critical care consultant adjusted the dose to 8 mg/hour.

The Panel found that your care and treatment of patients B.P., G.M., and K.S. fell below the generally accepted standards of medical practice, constituting a violation of Section 12-36-117 of the Colorado Revised Statutes. Specifically, you ordered an excessive potassium replacement dose for patient B.P. Similarly, you ordered an excessive dose of Atorvastatin for patient G.M. In addition, your utilization of heparin therapy in this patient would not be considered standard treatment, and the patient should have been apprised of the potential risk and benefits. Finally, you failed to follow dosing guidelines and instead prescribed high intravenous infusion doses of Pantoprazole for patient K.S. No only did you make numerous dosing errors, but you also made a fundamental error in electrolyte replacement therapy.

By this letter, the Panel herby admonishes you and cautions you that complaints disclosing any repetition of such practice may lead to the commencement of formal disciplinary proceedings against your license to practice medicine, wherein this letter of admonition my be entered into evidence as aggravation.

You are advised that it is your right to have this case reviewed in an administrative proceeding. To do so, you must submit a written request within twenty (20) days after receipt of this letter. In your request you must clearly ask that formal disciplinary proceedings be initiated against you to adjudicate the propriety of the conduct upon which this letter of admonition is based. If such request is timely made, this letter of admonition will be deemed vacated, and the matter will be processed by means of a formal complaint and hearing. This is in accordance with the provisions of the Medical Practice Act governing the discipline of licensed physicians.

Very truly yours,

FOR THE BOARD OF MEDICAL EXAMINERS

INQUIRY PANEL B

Mark C. Watts, M.D.

Acting Chair

MCW:bls